

developmentplus™

Lincoln Homelessness Report

Foreward

Lincoln Community Development Worker Project (trading as developmentplus) is a community development organisation which works across the County of Lincolnshire. We work alongside people in their community facilitating their involvement in decisions that affect their lives, supporting them to identify and develop initiatives that they feel will improve their quality of life socially, environmentally, economically and through learning. All our work is based on the values of community development, working alongside people and not imposing our views on them but valuing their skills and abilities, ensuring their participation and providing opportunities for their personal development.

Following a meeting with Simon Walters (Director for Communities and Environment at the COLC) in June 2018 around the possibility of developmentplus offering a coaching and mentoring scheme alongside their new City Centre Intervention project, it was recognised that before a project such as this could take place some intensive research was required to identify what led an individual to be in a homeless situation. In July the COLC agreed a sum of £61,000 to work on a City Centre Intervention project over the course of 1 year, within the budget was our proposal for a 6-month research project.

6 month research and consultation project - on behalf of the city of Lincoln Council

Original brief – To provide a targeted piece of work, talking directly to those individuals who frequent the streets of the City Centre, in particular those who are either causing ASB or are under the influence of drugs that do have a fixed abode but choose not to recognise this.

The research project seeks to identify:

- Circumstances that led to that individual's current situation
- What would they want out of a person-centred project?
- What services do they already access?
- What services don't they access and reason why (e.g. barred/existing client history etc)
- What historic services have they accessed in the past (positive ones may no-longer be available)
- What are their aims and aspirations for the future, and how do they think they can achieve these?
- Do they have a fixed abode? If so, why aren't you using it? What would encourage you to use it?
- If enforcement was part of an ultimatum, how would this make them feel? (they may welcome it, prison may provide an element of safety/stability for a brief moment of time)

Once the research started it was apparent that it would take on a wider remit to allow for the fact that individuals were reluctant to tell us if they have a fixed abode. We then began to capture as many homeless stories as possible.



"The stories and data that have been collated within this report have been both challenging and harrowing at times. It is our hope that this document will help pave the way towards a collaborative solution in supporting those individuals who are most vulnerable and in turn need the most intensive wrap around support there is. My thanks and admiration go to both Becky & Corrin who have worked tirelessly to capture the full extent of our homeless situation through the eyes of a homeless person."

Lynsey Collinson – CEO developmentplus

A brief history of the development workers



Corrin began his work with the homeless when he volunteered at Nomad back in 2016. He then spent a week sleeping rough on the streets of Lincoln to raise money and awareness for the Nomad Trust. He has also taken part in outreach, signposting and volunteers at the LIFT project run by Lincoln Baptist church, cooking healthy meals and teaching cooking, as well as supporting the attendees. Corrin has visited several shelters in England and Scotland to gain a broader knowledge of the homelessness issue.



Becky comes from a background of primary school teaching, working with children with special needs. She has volunteered at St Swithins 'Home' project and continues to volunteer at LIFT. Becky has also provided friendship and signposting through outreach groups in the city. Becky has previously undertaken a research project, called 'Out In The Sticks' for 'The Collection' in Lincoln, interviewing and recording the experiences of the LGBT community in Lincolnshire.

During the research project, a decision was made to record the numbers of rough sleepers, as the regular meeting place was attracting both long term and 'new' homeless (for example, those who had just been released from prison or those who had lost their accommodation). Twice a week a list was compiled, checked and adjusted, as we were given information on people being housed or arriving on the streets.

The homeless themselves were keen and extremely helpful in letting us know of changes in circumstances of themselves and their friends, and often introduced us to those who were freshly homeless, allowing a reasonably accurate assessment of numbers. As a result, there was often a disparity between our figures and those provided by other organisations.

Homelessness The Bigger Picture

Each year, every local authority in England are required to submit, to Ministry of Housing, Communities & Local Government, the number of people whom they think are rough sleeping in their District on a typical night – that info is then collated, and a report is published nationally which forms the basis in terms of measuring the extent of the problem.

It's worth noting that the figures quoted in the adjacent table are only a snapshot of one night of the year and only reflects rough sleepers. An article in THE BIG ISSUE titled 'How can we make the annual rough sleeping count more effective in the UK?' questions this: "The trouble in England, however, is that the government statistics, which showed that there were 4,677 people rough sleeping last year (2018), are widely thought to be a significant underestimate. It's easy to say why – homelessness is chaotic by its very nature and so it is easy to miss someone while looking out as they may move around or be hiding or in a place of warmth given that England's annual count takes place in November".

A report produced by Shelter in Nov 2018 intimated that there were 320,000 homeless people in Great Britain, this figure also considered sofa surfers and those in temporary accommodation including hostels and B&B as being homeless.

During 2018 Shelter documented that the overall number of homeless had increased by 13,000 people, meaning 1 in every 200 people in Britain were presenting as homeless. Shelter's report 'Homelessness in Great Britain: the numbers behind the story' warns this is due to a combination of unaffordable rents, frozen housing benefits and a severe shortage of social housing.

The information in the following report is based purely on those who are presenting as homeless within the City of Lincoln.

Local Authority Area	2012	2013	2014	2015	2016	2017	2018	2012-2018
City of Lincoln Council	5	11	8	14	13	28	26	
West Lindsey District Council	0	0	1	0	1	0	1	
North Kesteven District Council	0	0	0	0	3	1	2	
Boston Borough Council	7	5	4	7	5	15	22	
South Holland District Council	1	2	6	3	4	5	6	
East Lindsey District Council	3	2	1	6	7	9	18	
Lincs Total	17	21	22	32	34	62	78	358.80%
England Total	2309	2414	2744	3569	4134	4751	4677	102.60%

How was the project undertaken?

The project began in September 2018. Using existing contacts through voluntary work, Corrin and Becky began the process of befriending and engaging with rough sleepers and those who frequent the city centre. Several weeks were spent on outreach in doorways and popular meeting spots, building on relationships and gaining the trust of the target group. It was made clear from the outset what the aims of the project were and how it would look, in terms of how information would be gathered, who would have access to it and confidentiality.

Initially, this work was done late in the evening and during the day, but it soon became clear that the chaotic life of the group meant that it was difficult to locate them and undertake the information gathering. Following discussions with the individuals concerned,

it was suggested by them that we meet in the same location and at regular times. As a result of these negotiations, it was agreed that a presence in McDonalds at the Cornhill during the 'waking up' phase of the morning (5am to 9am) for rough sleepers, met their needs to share their histories and situations with us. This also had the benefit of allowing us to interact with the police who patrol this area. In tandem with this approach, we also had several drop-in sessions at the Nomad night shelter to meet some of those accessing this service.

As part of the work on building a bigger picture of services we introduced ourselves to professionals at various housing and other service providers within the city.

The recording of information took two main forms. The first of these was through discussion and basic information gathering, which was recorded on paper. The second form was a much longer, more detailed examination which allowed the target group to describe their lives and experience of homelessness in greater depth – on a voice recorder/dictaphone. In addition, much was revealed through informal discussions and chats over coffee.

The paper information gathering was welcomed in most cases but there were a number of those we met who refused to have their details recorded,

in part, this was due to a reluctance to re-live previous experiences which were frequently traumatic and uncomfortable. It was also explained to us that individuals found the re-calling of their past tiresome as they had been asked to do it on many occasions with various other agencies.

We found many people who were motivated to share their experiences as they were keen to be part of any improvement in services for the homeless, indeed, we noticed a 'referral effect' as interviewees signposted others to us.

How the project expanded

Following the information gathering and building of trust, there were many requests for help. Aware of the boundaries of our remit but also the difficulties being encountered by the subject group, there were many instances of the project expanding.

The first need we attempted to meet was that of signposting. Many referrals to P3 and Nomad shelter were made. This took the form of allowing rough sleepers to 'phone themselves in' or confirm their continued homeless status. Individuals were also

directed to the Nomad night shelter. Some of those we encountered were unaware of it, or unsure of where it was, or how/when to access. In addition, we also signposted and attended where necessary the City of Lincoln Council to register individuals as homeless, to attempt to access the crash pads and to seek council or private accommodation. There was often a reluctance to do this for fear of dealing with 'authority' or apprehension about the reception they might receive.



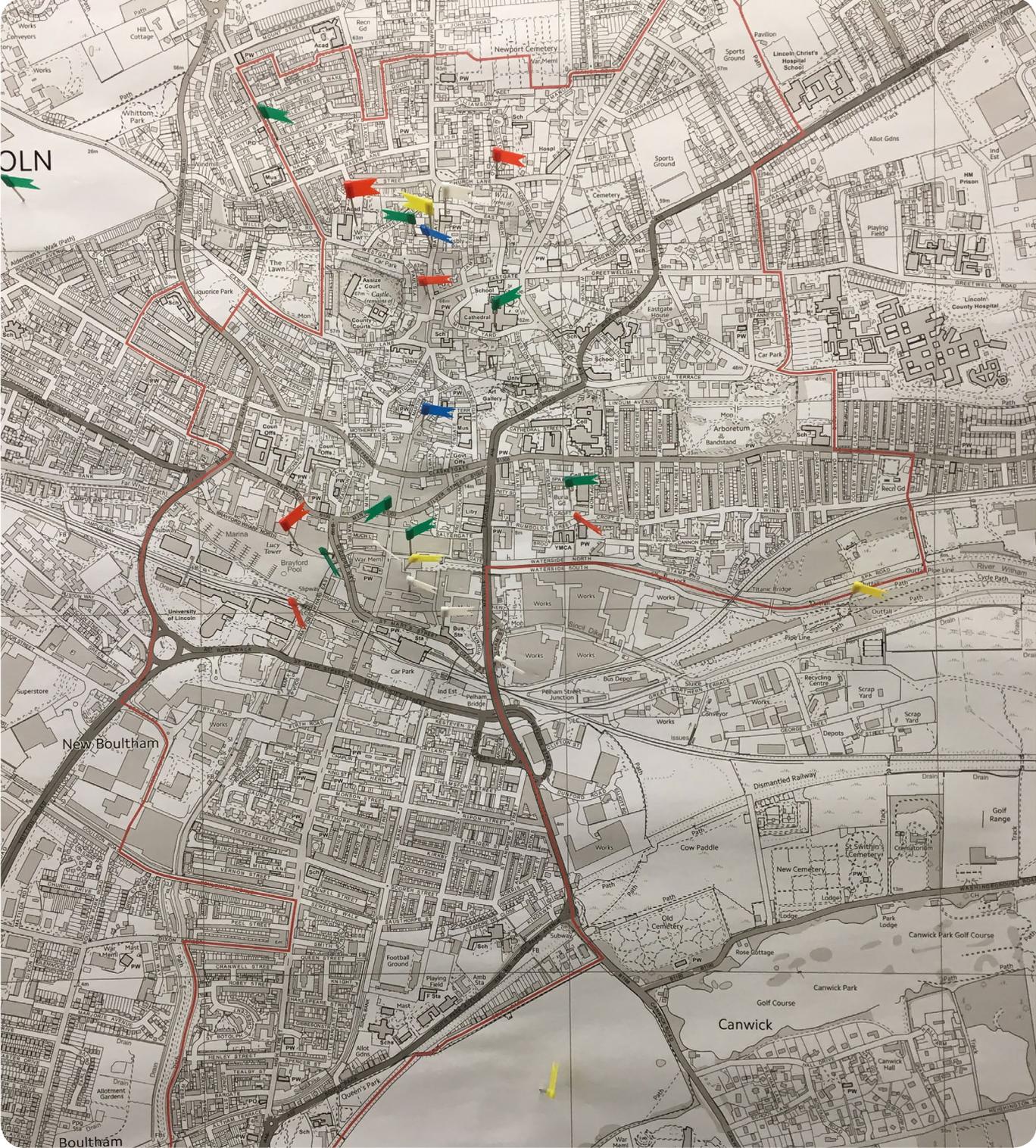
“You’re not happy are you?”

“Does it sound like I am?”

“No, not at all, but we’re listening.”

“You’re about the only people who are though.”

Key Locations



Why do people come to Lincoln

Most of those that we interviewed had a connection to the city, they had been born here, attended local schools and had family and friends in Lincoln. A small minority had made a conscious decision to come to Lincoln, to have a fresh start. Lincoln was widely perceived as a friendly city and reasonably safe, with the benefit of the Nomad night shelter. Three people we interviewed were 'sent' to Lincoln. One of these

was given the bus fare from SKDC and directed to the Nomad shelter, one was sent by taxi from Boston Pilgrim by a psychiatrist, as they deemed Lincoln to have better support systems than Boston, and the third was a man who was given a travel warrant from Hull prison, based on a tenuous connection with an aunt he hadn't seen for years.



“Within 10 minutes my sister rang me up ‘hey [name], put it on loud speaker.’ I hadn’t heard from my sister for years, we just got talking like we were brother and sister again. She said ‘right, I’m coming down in 2 days to see you and pick you up. You’re coming to Lincoln to visit the family’. And that’s what I did.”

“So you’d arrived in Lincoln, went to stay with family and then that relationship went a bit sour and you left and hit the streets, do you want to pick up the story from there ?”

“When I hit the streets, I went to sleeping in car parks and stuff, and started using mamba.”

“So that was the first time you used mamba, was it ? You didn’t use it in Nottingham? Only in Lincoln?”

“Yeah, only in Lincoln.”



“I went to the council and said ‘I cant live here anymore, this person is making me not well’, they said there was nothing they could do for me, but what about the Nomad trust in Lincoln ? We’ll give you the bus fare. So I got on a bus and came here, I’ve been here for 25 days now.”

“So just to make it clear, can you tell me which council this was?”

“That was Grantham council, South Kesteven.”

“So you got on the bus after they paid for your ticket and you came to Lincoln ? And what did you do, just knock on the door of the Nomad?”

“Yeah, I had to ring up the Nomad first, because they [SKDC] told me to ring up and then they rang me back and said they can see me tonight. So I stood at the door at 8:30 with all these other people I’d never met. These homeless people with drugs and it was horrible. Yeah I stood out there and waited for the doors to open.”

“How did you feel on that first night?”

“I felt scared. I was really scared.”



“Why did you come to Lincoln?”

“Fresh start.”

“And you moved here from Scunny (Scunthorpe) ?”

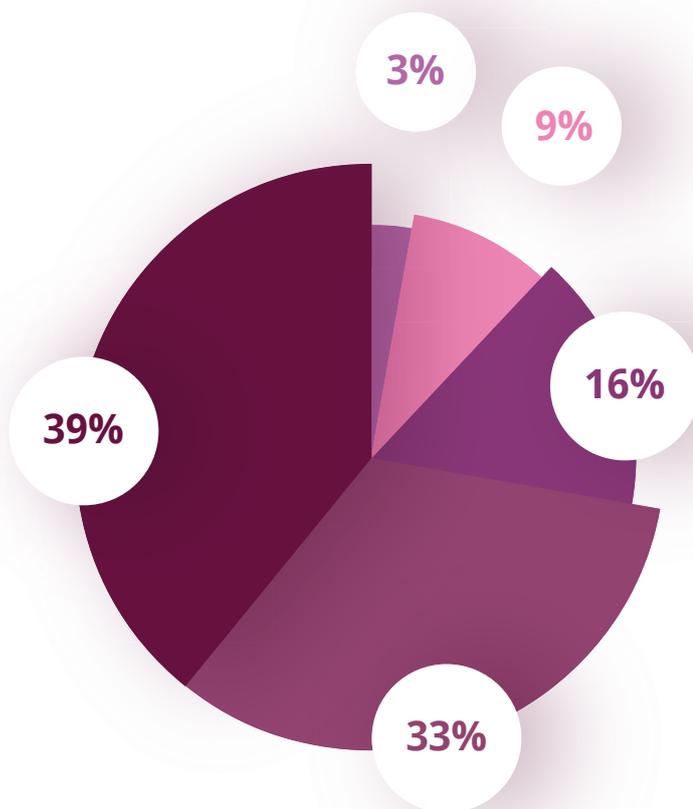
“Yeah, and my brother lives over here, and my step mum. And it did work for a while.”

Equality and diversity

An equality and diversity monitoring proforma was drawn up and a total of 64 respondents completed these. All names that are referenced in this report are not the real names of the respondents, but code names chosen by them to protect their identity and respect confidentiality.

The data collected shows a spread across gender/ages/nationalities, which appears to tally with our experience of the street community during the course of the project (recognising that not all individuals would engage with us); i.e. that there appeared to be an appropriate split between genders, proportionate representation of UK and non-UK nationals, and a broad spread of ages in those we interviewed.

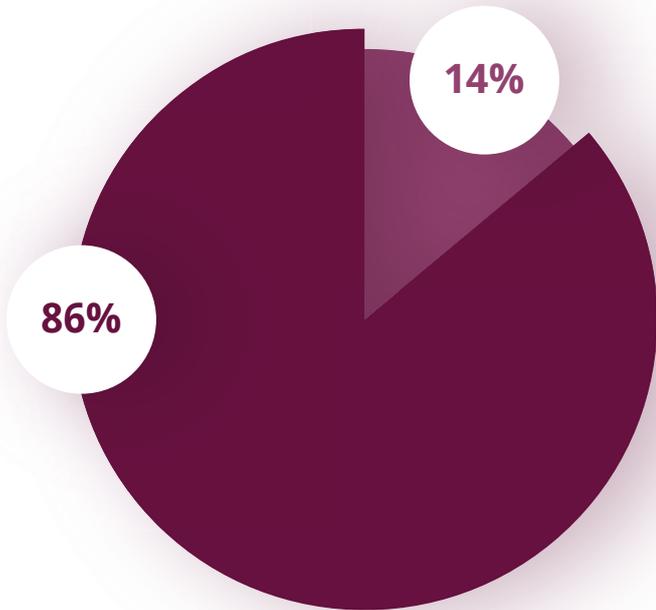
Age ranges



Key

- 18-24 (16%)
- 25-34 (33%)
- 35-44 (39%)
- 45-55 (9%)
- 55-65 (3%)

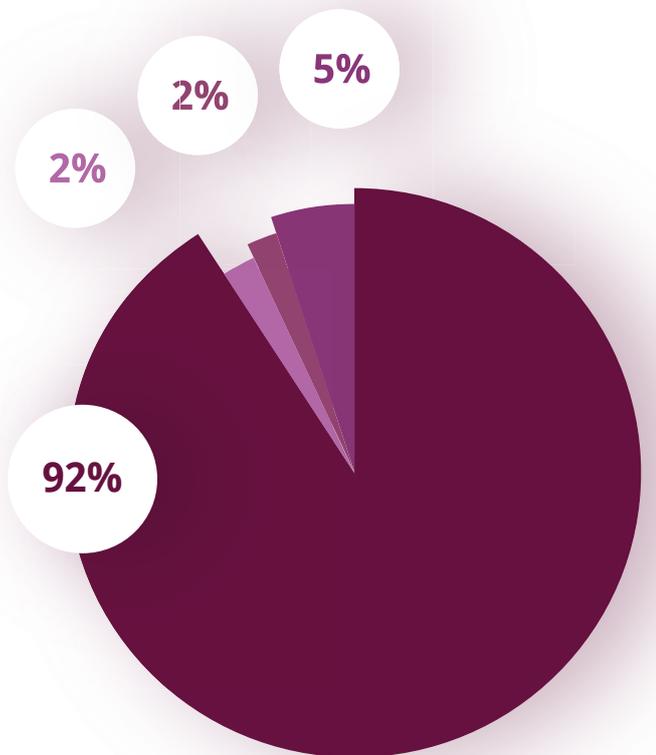
Gender



Key

- MALE (86%)
- FEMALE (14%)
- TRANSGENDER (0%)
- PREFER NOT TO SAY (0%)

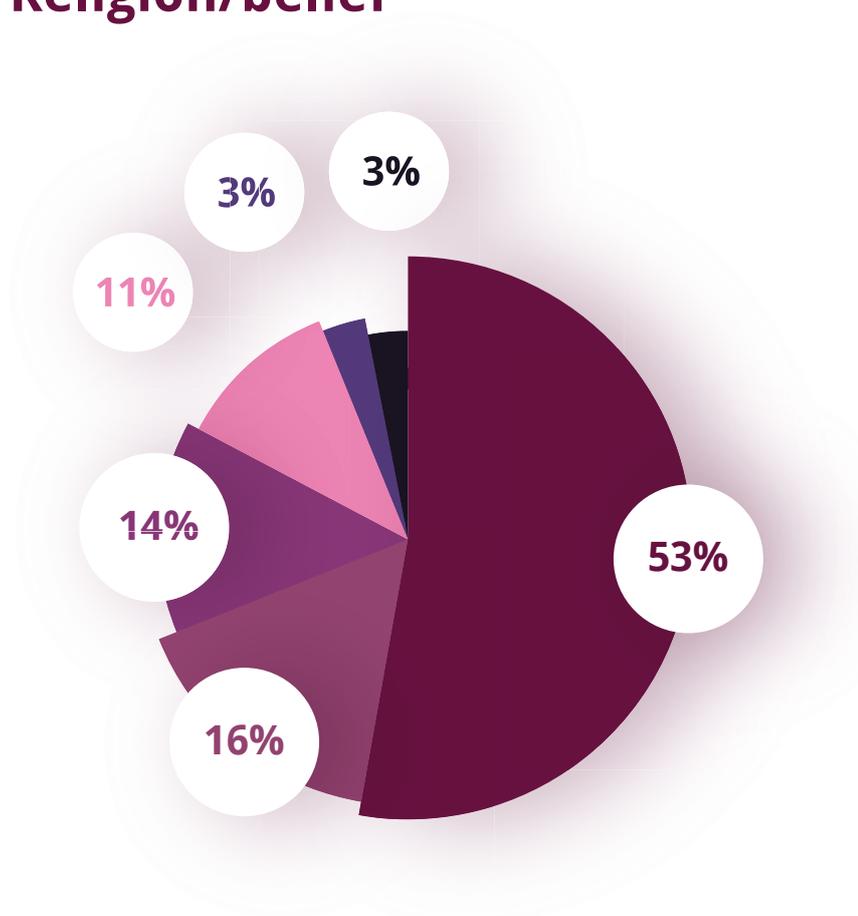
Sexual orientation



Key

- HETEROSEXUAL (92%)
- PREFER NOT TO SAY (2%)
- GAY/LESBIAN (2%)
- BISEXUAL (5%)
- OTHER (0%)

Religion/belief



Key

- NONE (53%)
- CHURCH OF ENGLAND (16%)
- ROMAN CATHOLIC (14%)
- OTHER CHRISTIAN (11%)
- MUSLIM (0%)
- BUDDHIST (0%)
- SIKH (0%)
- JEWISH (0%)
- HINDU (0%)
- ANY OTHER (3%)
- PREFER NOT TO SAY (3%)

Disability (Diagnosed/Self Diagnosed)

Key

- NO (63%)
- YES (38%)
- PREFER NOT TO SAY (0%)

38%

63%

Ethnic group

Key

- WHITE-ENGLISH (85%)
- WHITE- NON BRITISH (8%)
- WHITE-SCOTTISH (5%)
- WHITE-WELSH (2%)

8%

5%

2%

85%



Follow-up information gathering

The information on the following pages was collated during follow-up interviews after the initial contact had been made.

The information was collected by way of a more detailed questionnaire which was discussed and filled in with a total of 50 people who were happy to go into more depth in this way.

The questionnaire addressed the following issues:

- Accommodation/rough sleeping
- Finances, including work, income and debt
- Information about education and training

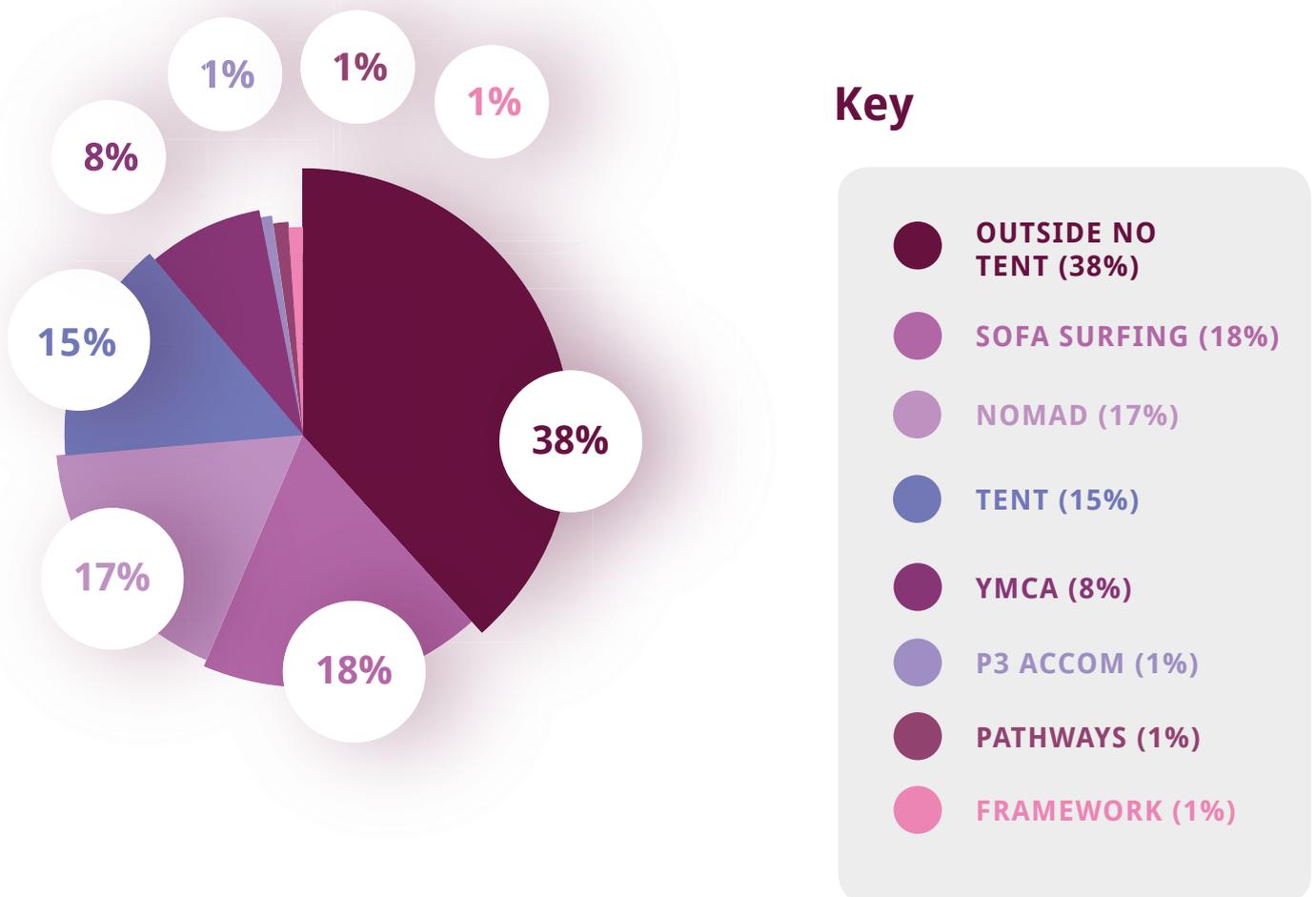
- Information about family, relationships and social networks, including any history of the care system
- Experience of assault or other violence, including sexual violence leading to current situation
- Services accessed/not accessed and reasons for this/outcomes

There follows a breakdown of the information collected, and the key conclusions drawn from the data. Again, the data is anonymised to protect confidentiality and privacy of the participants in the research.

Overnight stays

Participants were asked to identify all the places they had stayed overnight within the last month. 'The month' is that previous to the interview. The responses allowed us to gain some idea of the current situation of the respondent. All those asked had spent time in – Nomad night shelter, Pathways, P3 accommodation, YMCA, Framework, sofa surfing, outside without a tent, outside with a tent.

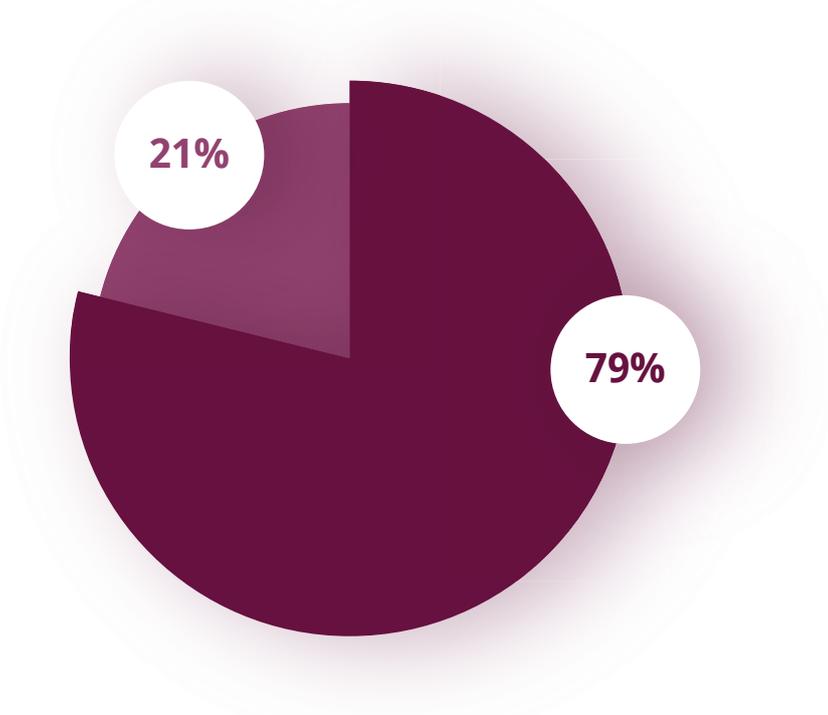
Places spent overnight during the previous month



Money Benefits

21% of participants didn't claim any benefits but most were entitled to them, with the exception of the foreign nationals we spoke to. Some of them were in the process of making claims. Difficulties around providing ID and setting up necessary bank accounts were noted. Several were living on proceeds from drug dealing and/or money given to them from the public (sometimes through begging, sometimes just 'offered').

Do you claim benefits?



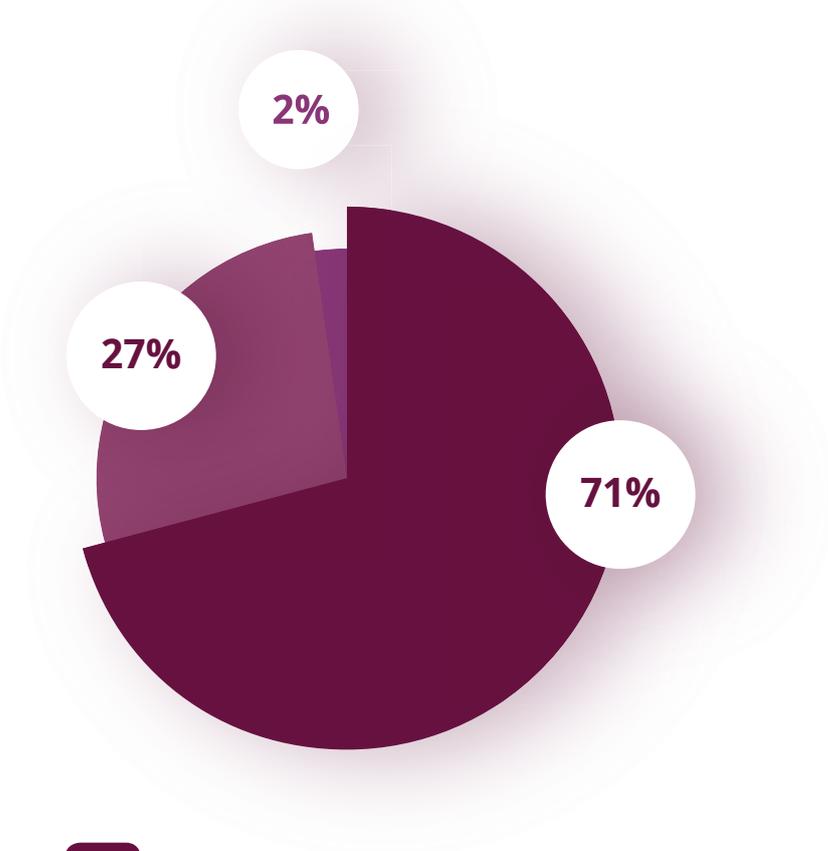
Key

- YES (79%)
- NO (21%)

Money Debts

71% of respondents had debts. Mostly these were court fines, loans and rent arrears.

Do you have debts?



Key

- YES (71%)
- NO (27%)
- PREFER NOT TO SAY (2%)



“£3,500 following a car accident. Monthly payments now defaulting.” - **Slinky**

“DWP loans of £1,000.” - **Brannan**

“Court fines of £1,000.” - **Pizza**

“Bank overdrawn, £1,500.” - **007**

“Council arrears £1,000, court fines £400, YMCA rent arrears £2,000.” - **Mert**

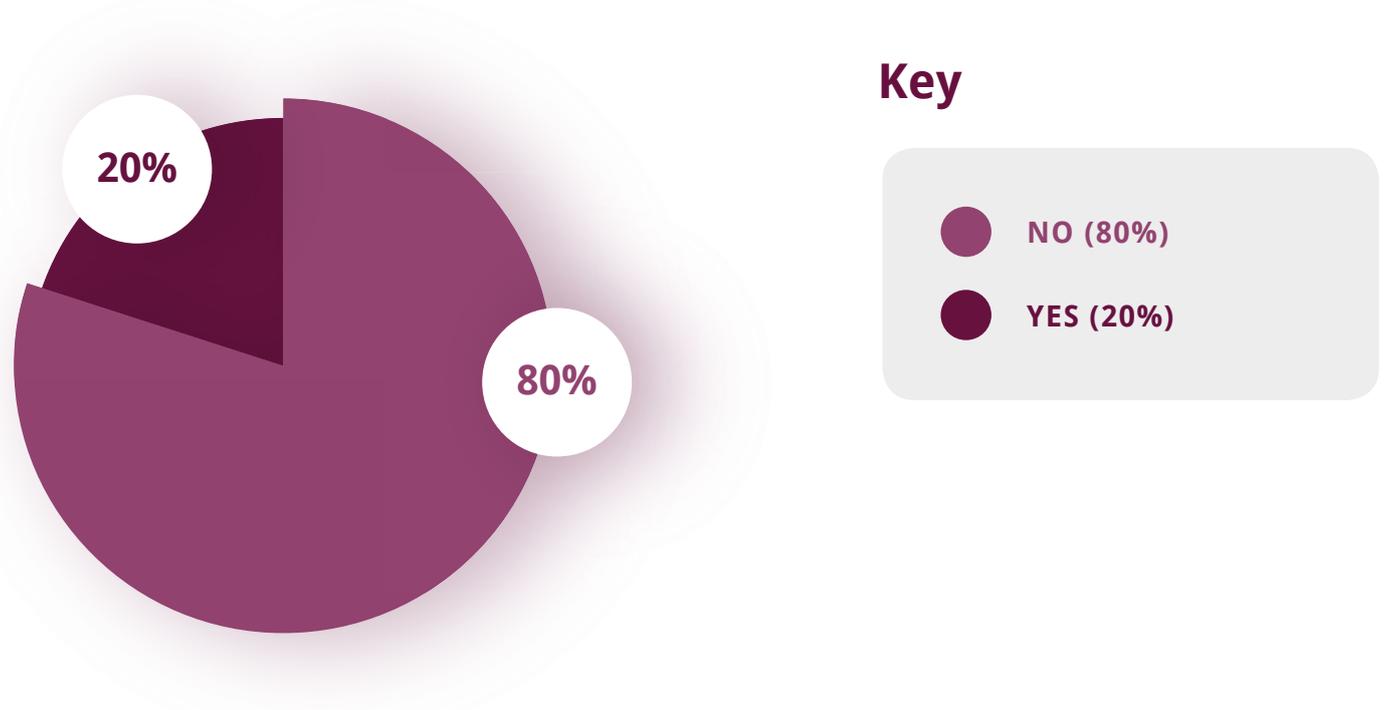
“Mortgage default due to being in prison, court fines, council tax. Overdraft of £5,000, Npower £2,500, gas £300, loan £500. Various payday loans. Just received payday loan based on Universal credit payments.” - **Lukey**

“Court fines and phone contracts.” - **JJ**

Working and Volunteering

Of the 80% who said that they didn't work, many felt that they were not in a position to do so due to their circumstances, mental health or addiction. A small number expressed a wish to work. Those who volunteered were all doing so at either the 'Lift' or 'At Home' projects at Lincoln Baptist Church and St Swithins.

Do you work or volunteer?



Training/education

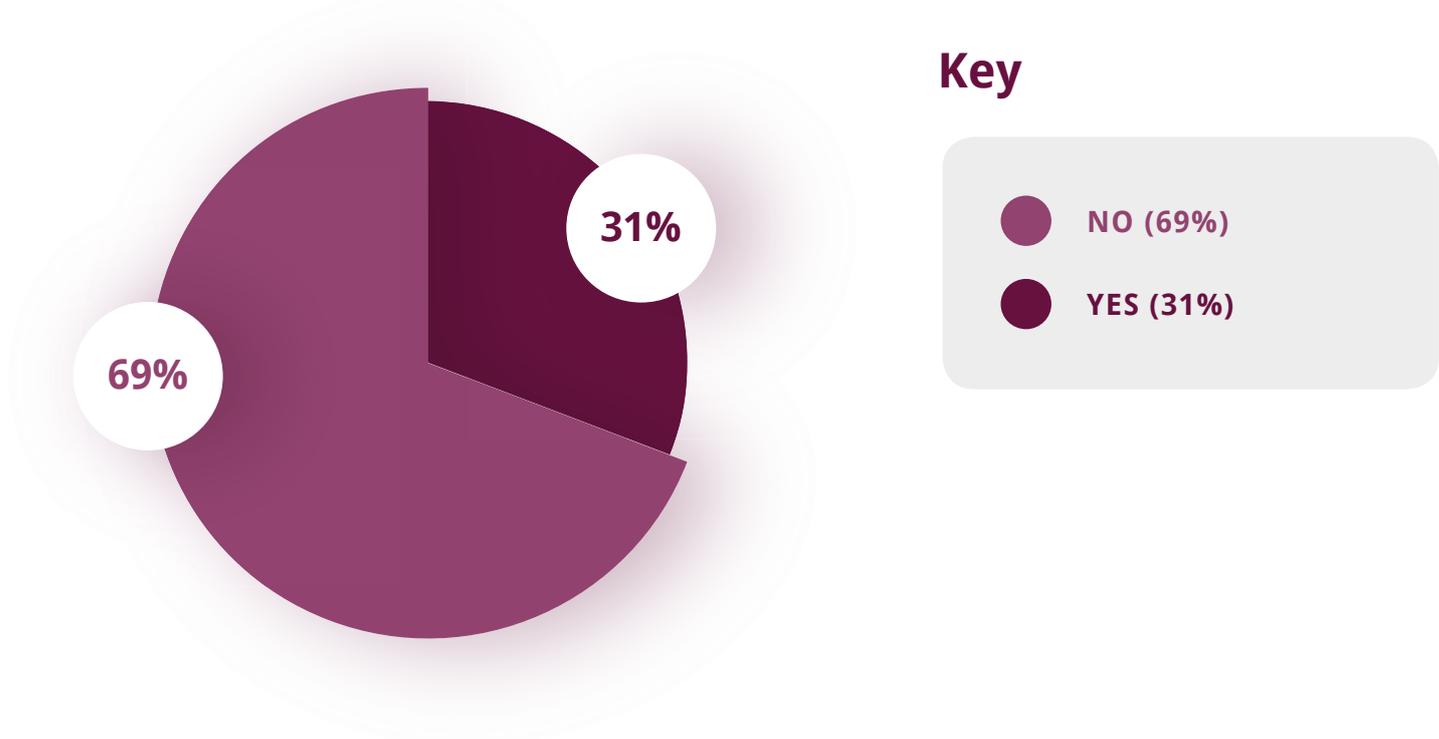
Responses to these questions varied enormously. Several respondents had left school before taking any exams. Several respondents had received some education in prison. A large number had received some vocational training (and indeed, had worked in their chosen field – builders, an electrician, gardener, forester, warehouseman, decorator, factory worker). Two respondents had completed degrees.

Several respondents were not at all confident in their literacy and numeracy skills and this presented problems when filling in application forms and benefit claims.

History of being in Care

31% of respondents had been in care at some point during their childhood.

Have you been in the care system?



Links to Lincoln

Of those who had family in Lincoln, it was noted that many relationships were strained or entirely broken, often after years of difficulties, therefore the option to stay with family was closed.



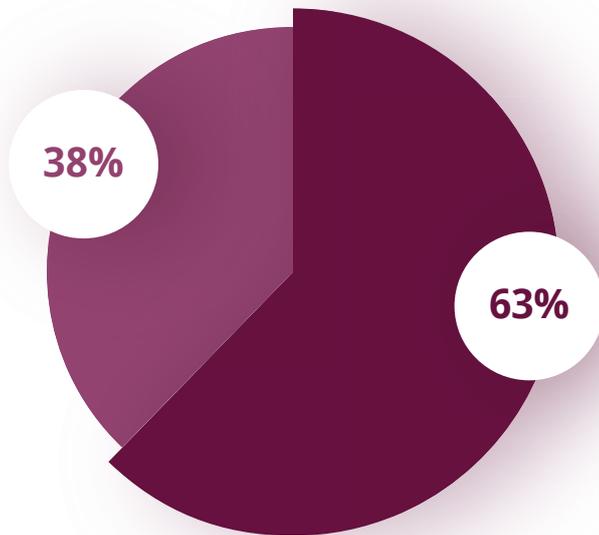
“[my mother] is a spice user and bipolar, violent, poor relationship.

Had contact while in care but it was abusive.” - **Craig**

Do you have family in Lincoln?

Key

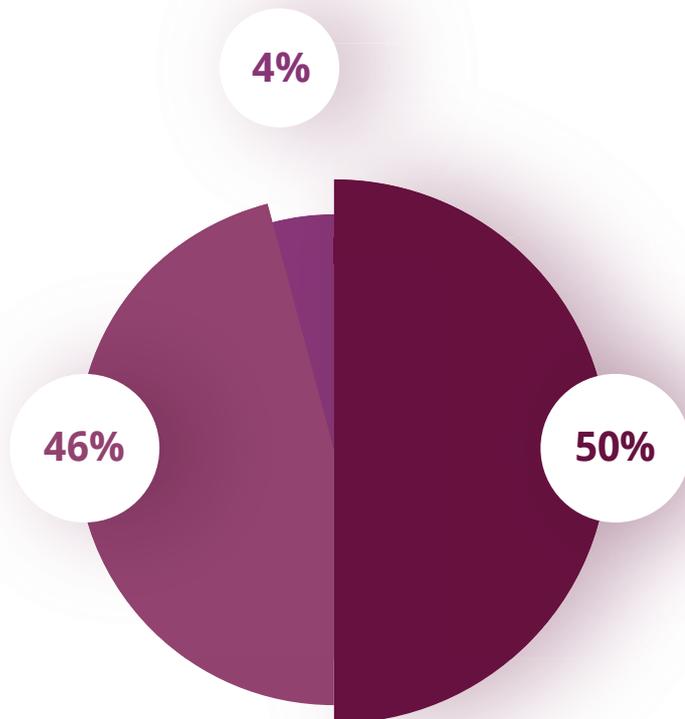
- YES (63%)
- NO (38%)



Do you have contact with your family?

Key

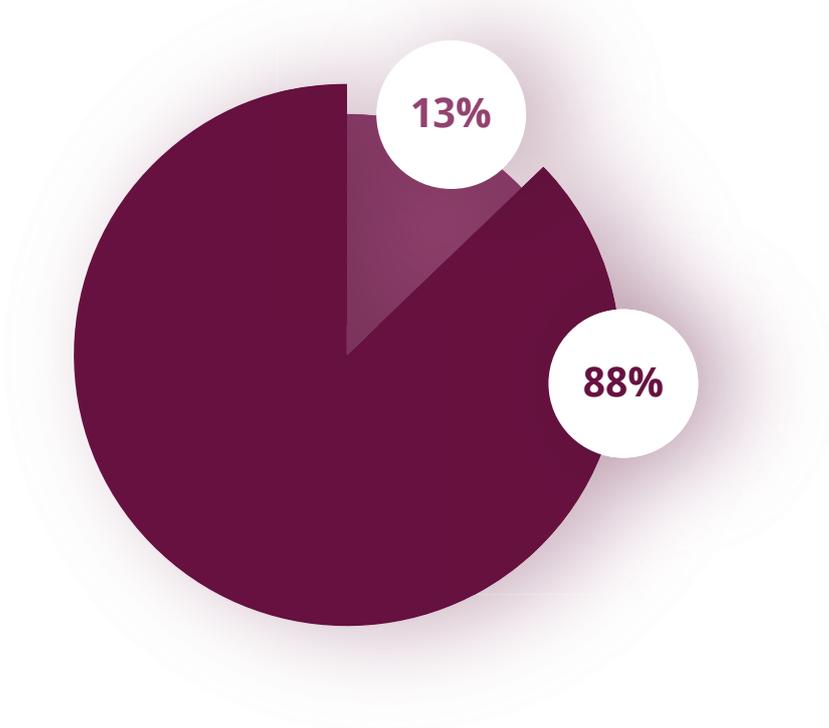
- YES (50%)
- NO (46%)
- PREFER NOT TO SAY (4%)



Relationship Status

Of the 13% in relationships, all of these were with other homeless people/those using the streets.
The relationships were given as a reason for not using shelters/housing, as they were unable to be together.

What is your relationship status?



Key

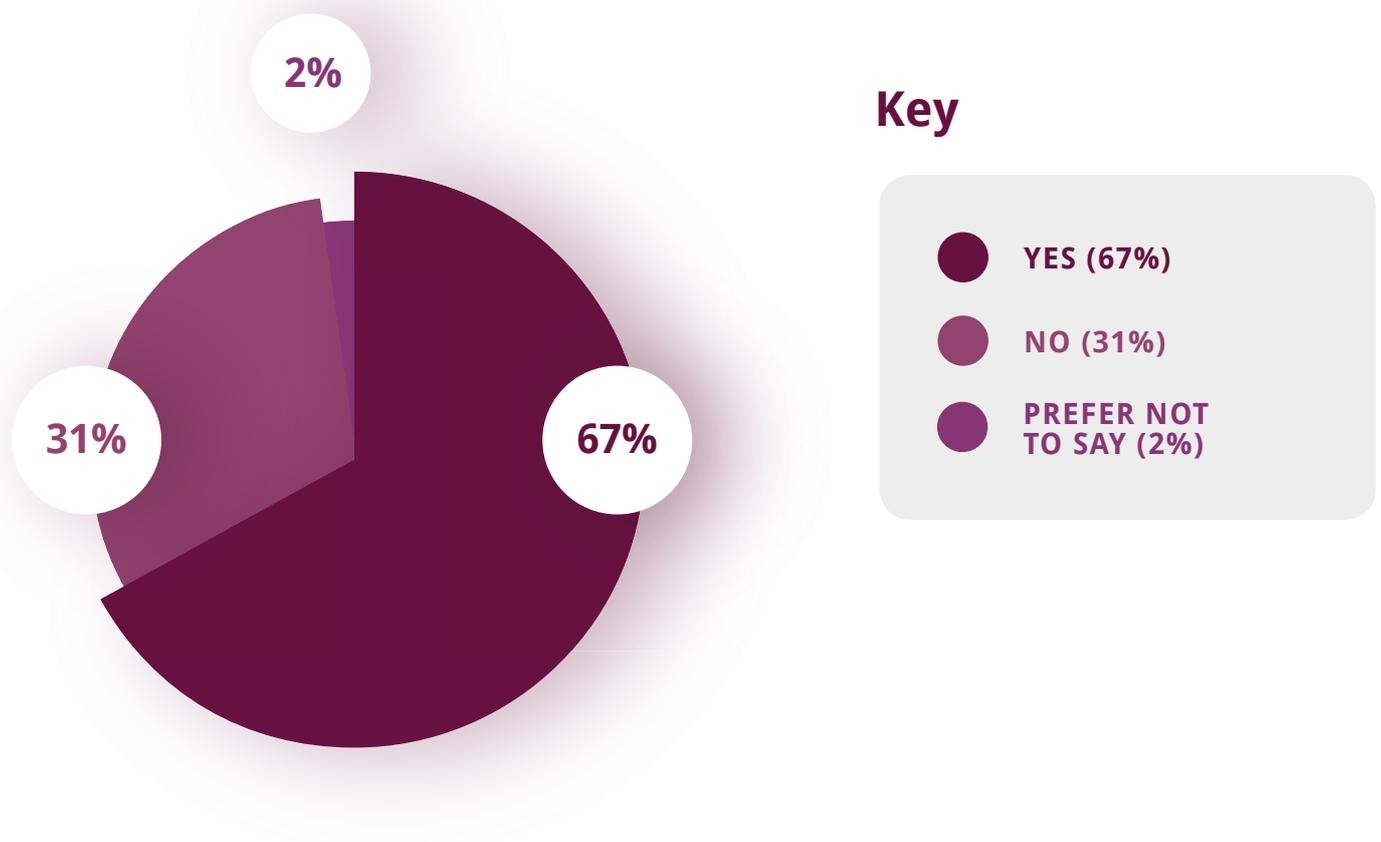
-  SINGLE (88%)
-  IN A RELATIONSHIP (13%)

Have you been attacked while on the streets?

Most respondents described life on the streets as violent. We received reports of muggings, stabbings, fights and threats to kill. Most of these incidents go unreported to the police. The reasons why victims didn't, in most cases, seek assistance from the police wasn't a specific question in the information gathering process. However, during our conversations over the five months and the relationships we'd formed, respondents were comfortable to tell us:

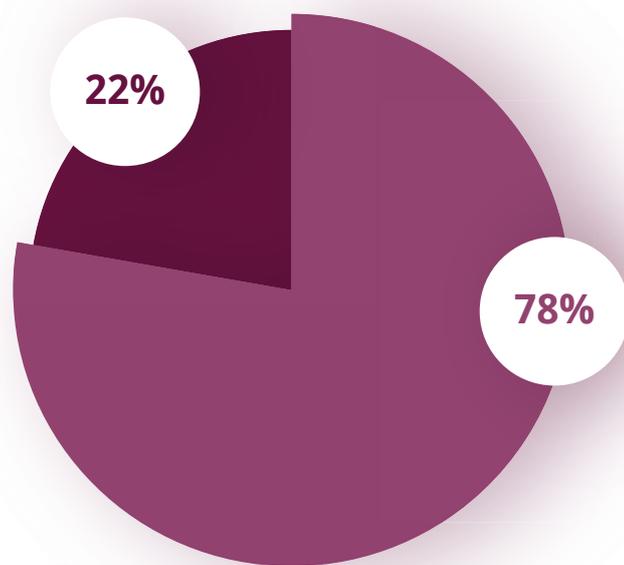
- That victims wanted their own 'justice'
- They had a poor relationship with authority
- There was a fear of 'backlash' from the street community
- There was an acceptance; 'It's just life on the streets' – borrowing drugs/money, would inevitably lead to confrontation/arguments and/or violence.

Have you ever been attacked while on the street?



Have you been sexually assaulted while on the streets?

Respondents were remarkably candid about this experience and informed us that assaults were largely by members of the public, particularly at weekend evenings. 22% of participants had been assaulted. There was a feeling amongst the people we spoke to that Friday and Saturday nights, when the public were drinking alcohol, was the time when this was most likely to happen. Friday and Saturday nights are also the best opportunity during the week to make money through begging.



Key

- NO (78%)
- YES (22%)



“Woke to find a man with his hand down my trousers” “also raped.” - **Gypsy**

“Asked to masturbate for £50.” - **Heathcliffe**

“A man said he had a safe place for me, took me to a tent and exposed himself.” - **Olevie**

“Offered money for sex numerous times by non-homeless, offered £20 for blow jobs on numerous occasions. Date raped, filmed on phone, drink spiked.” - **Lilly**

“Groomed and given drugs by a 36 year old women when I was 14. Mother allegedly called police but nothing happened. Think mother used the episode to get rid of me.”

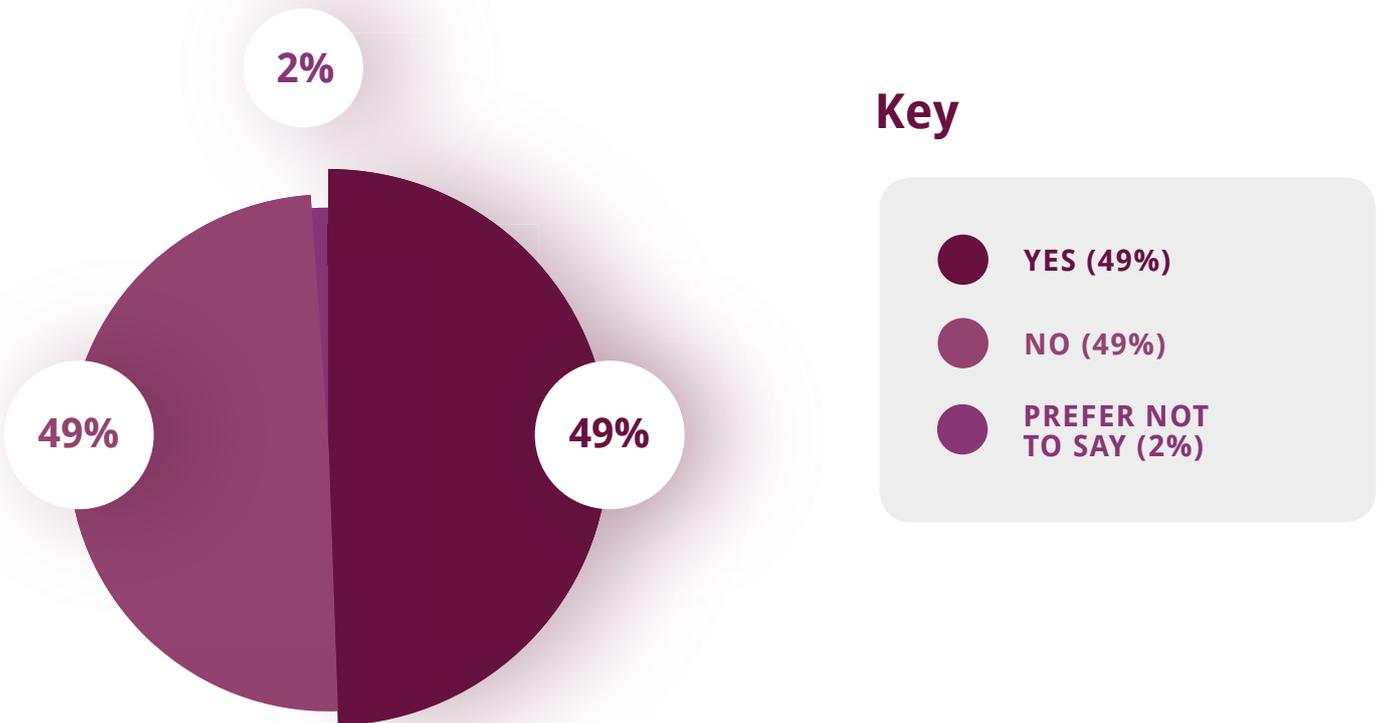
- **Millionaire Latte**

“She raped me. I was a child. I was 14 years old. She fed me f*ing drugs and raped me. She gave me speed. Everyday she was giving me speed, bombs of speed everyday – one day I’ll go to the police station about it definitely, cos she f*cked me up.” - **Millionaire Latte**

“Sexually assaulted when in care.” - **Blanket**

Have you experienced bullying while on the streets?

Participants frequently expressed the view that bullying was an expected part of life on the streets. This was mostly about monies owed due to lending amongst themselves, charging for begging pitches and drug debts.

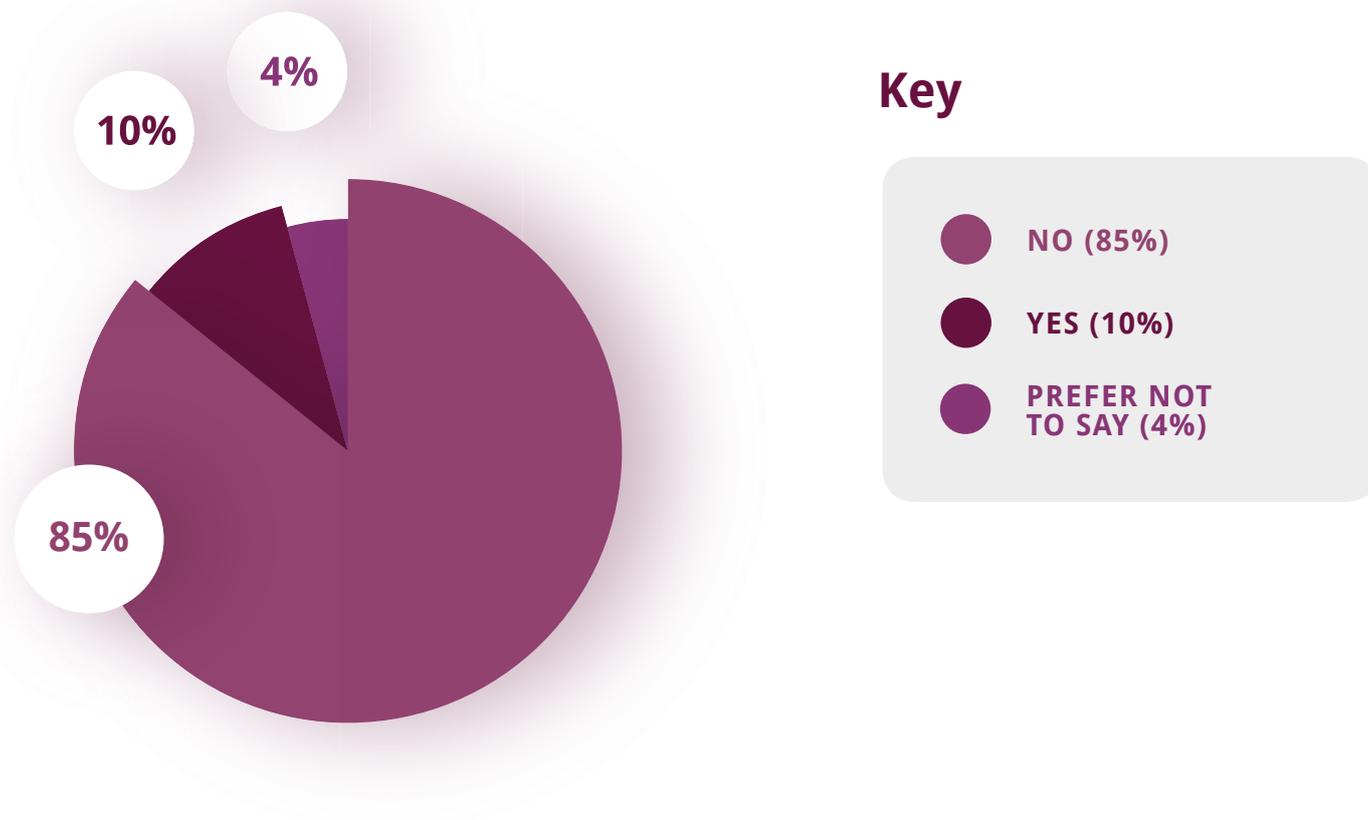


“So how much violence is there on the streets of Lincoln? What’s it about mostly?”

“Money and drugs, mamba, that’s the worst one, all the mamba heads. Do you know, if you’ve got a bit of money, and they haven’t, they try and rob you and they’ll pull out a knife, they’ll stab you.”

Have you sold sex or been **forced** into sexual activity?

Discussion around selling sex in informal conversation revealed that some of the participants had/did sell sex but they had not felt able to reveal this in our information gathering. Several participants told us that it was not unusual to be offered small amounts of money for sex by members of the public.



What are the circumstances that led to your current situation (homelessness)?

All participants fell into one or more of the categories below:

- Released from prison without accommodation
- Involvement in criminal activity an/or resulting imprisonment
- Mental health issues
- Relationship breakdowns
- Drug use
- Tenancy ending
- Death of a loved one
- Loss of a job



“Daughter died and I started taking drugs to block shit out. Definitely should have had counselling. Was arguing with my partner because we blamed each other. She left. We were in an illegal sublet and I was kicked out. Stayed with friends but couldn’t do that for long. Been on the streets since 2017.” - ****

“Mum kicked me out when I was 15.” - **Clarky**

“Started taking drugs at 14. Kicked out at 16.” - **Blanket**

“Split from partner 6 months ago while both staying with a friend, sofa surfing. Situation broke down.” - **Deon**

“Out of prison 2012. No accommodation on release. First time homeless.” - **CC**

“Had work and place to stay 5 years ago, breakdown in relationship, loss of job, left with just a bag, couldn’t keep jobs, started on drugs due to my depression. ‘On and off’ situation for 20 years. Some stable times then bad again.” - **Lee**

“Family disagreement so left at 16. Unstable for a while, then homeless from February 2018. Went through Sleaford Nacro and then got a flat, couldn’t manage it, let other people stay and I was robbed. Didn’t pay rent so I was kicked out. Was put in accommodation and was attacked, I retaliated and was kicked out.” - **Mouse**

"Split with partner in Derby. Jumped on a train to get out of the area [domestic abuse]."

- **Beany Hat**

"Released from prison and had nowhere to go. Went from care to prison to homeless." - **JP**

"Sectioned under mental health, aged 44, released with no accommodation." - **R3**

"Drugs, misbehaving. Relationship breakdown with mother. On streets since aged 15."

- **Smudge**

"On arrival from Poland I worked in a chicken factory in Gainsborough. Got fired and because I couldn't pay my rent my dad told me to leave." - **Thorntons**

"Remanded in custody for 7 months, during this time, lost my house and everything I owned. Found not guilty." - **I Don't Care**

"Homeless due to drugs. Committed commercial burglary went to prison in 2013, then homeless. Pathways, Nomad, Framework, the council house for 6 months, then homeless."

- **Mert**

"Out of prison. Moved to caravan site in Whisby. Tenancy came to an end. Sofa surfed but it didn't work out." - **Thomo**

"Lost job and girlfriend within 5 days and became homeless." - **George Caplan**

"Drug misuse and disorganisation. Keep cycling through the system." - **JJ**

"Mental breakdown at university. On legal highs, met homeless boyfriend. Left student accommodation and went on the streets for 9 months. Became very thin and ill. Medication wasn't right for my mental health issues. Did extreme stuff to get sectioned/arrested. Back on streets after being released from PHC." - **Ella**

"Relationship breakdown with mother. Told to leave." - **Hot Chocolate**

"Was living in a flat until 2017. Had a knife fight. Was charged and got 2 years. After release, not allowed back home, went to brothers for 2 days then went to Nomad." - **Sparrow**

"Parents moved to Skegness without telling me (age 14) got home from work experience and the locks had been changed." - **007**

What services don't you access and why?

Where services were not accessed, it was found that there were 3 main reasons:

- Breakdown in relationships with the service and/or barring/banning (including perceived bans which may have expired but respondents were too anxious and/or too angry to investigate their status).
- A refusal to engage, based on previous experience or perceived ideas about a service.
- Respondents not being aware of a service or how to access it.

What historic services have you accessed in the past?

Services named in respondent's history often revealed the 'cycling' through the system. A frustration at the length of time it takes for people to be housed was expressed. (for example, the Nomad shelter may have been used by someone 5 years ago, then the YMCA or Pathways, then they may have been in prison or in private accommodation. Following this, the individuals may then have experienced further homelessness and rough sleeping, then the Nomad shelter once again).



“I think there should be a time frame. Like 5 years is too long. Like I say, I've been there since August, that's nearly 5 months of nothingness.”

- Leicester

Do you have a **fixed abode**?

Seven of the 50 participants told us that they had accommodation that they weren't using. We asked what would encourage them to use it. The only response, on record given, was "regular benefits". The remainder declined to offer any suggestions or were unable/willing to explain. Reasons given, during more casual conversation, for not using accommodation were:

"I like my freedom." - **Surrender**

"Can't use it due to police exclusion and need to pay arrears." - **Pizza**

"Known drug dealers from London have moved into the flat with a view to starting a drug supply line into Lincoln." - **Mert**

"Too far from town centre." - **Millionaire Latte**

"Just cos you got somewhere to live, doesn't mean you're not struggling." - **Leicester**

Would you rather be in a cell **than on the streets**?

Of the 36 people who responded to this question, 17 would rather be in prison than on the streets. 15 would rather be sleeping rough than imprisoned. The remainder were unsure. Those who would prefer a cell...

"Some days when I'm depressed, I would like a cell." - **Brannan**

"Yes, would rather be in prison than Nomad, having to spend all day on the streets with no money. Prison is predictable" - **Tricks**

"Cells are safer." - **Lilly**

"In a cell. No trouble and on a script." - **Thomo**

"Cell - warm. Would like a place with a continuous support worker." - **Mouse**

"Cell, no doubt. Never been in jail but would rather be in a cell." - ********

"Cell, when it's cold." - **Dex**

"Prison. Warm, safe and food." - **CC**

"Got recalled on purpose – didn't go to probation, got a month in prison. Tempted again – worried that I'll use drugs again." – **Lee**

"Contemplating jail because nobody is helping. I'd have a roof over my head and three meals, be warm. Better than on the streets." – **Hot Chocolate**

Those who prefer to be on the streets...

"Streets – don't want to keep letting my daughter down." – **I Don't Care**

"Streets. Not moving forward while in jail. At least you can access services when on the streets." – **Kaya**

"Streets – friends. Only had one Christmas out of prison since I was 15." – **JP**

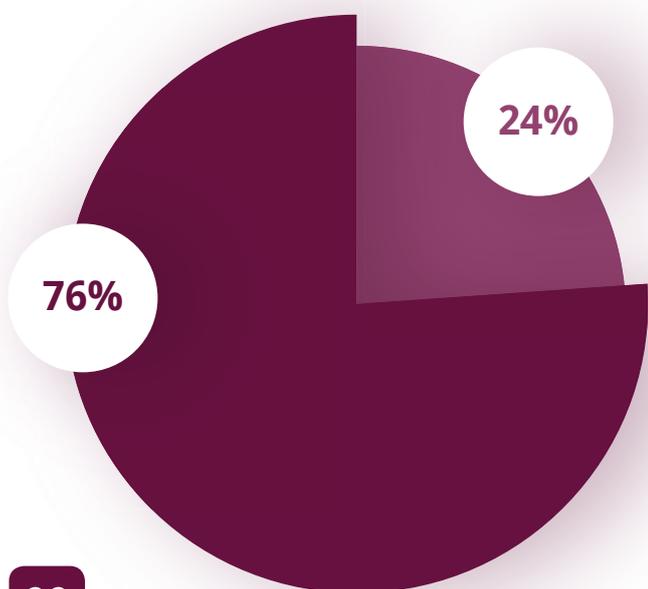
"At the moment, on the streets, but when the weather changes I'd be quite happy to cause some damage to get lifted." – **Thomo**

"Sometimes I think I'd be better off in jail, but I shouldn't have to do that." – **Deon**

Mental Health

The issue of mental health was frequently at the forefront of our conversations, as 76% of those who took part in the research identified mental health issues. It was unclear how many respondents had poor mental health before becoming homeless and how much their homelessness compounded the situation. Anxiety and depression amongst the homeless was common. The researchers have encountered a number of individuals who have self-harmed.

Mental Health Issues (diagnosed/self-diagnosed)



Key

- YES (76%)
- NO (24%)



“This is a big one, you can start whenever it feels comfortable. Tell me about your mental health?”

“I don’t know where to begin with my mental health.”

“Right hang on, let’s think about when you were diagnosed or when you thought ‘there’s something going on here.’”

“It started when I went to University. I was in a 4 year long relationship before I went to Uni. She left me for someone else and then when I went to Uni, we ended up in the same form sat next to each other, I couldn’t bring myself to turn up and I was dabbling in drugs at the time, but all of a sudden I had a house of my own and thousands of

pounds at my disposal. So I started legal highs. [Head] Shops had just opened so I ended up just taking lots of legal highs because its quick and easy to take. To block everything out I took this ketamine substitute called special-k, plus taking ketamine. This led to a drug induced psychosis. This was when I was 19. I turned 19 in PHC (Peter Hodgkinson Centre) to be honest. I spent my 19th and 20th birthdays in PHC. I don't feel safe taking it [my medication] on the streets. I get paranoid about it getting robbed off me. I get worried that while I'm asleep, in such a deep sleep that I'll get robbed. If I smoke mamba, I wouldn't take my medication, I'd use that to sleep the whole night because it's a lighter sleep than taking my medication."

"Have you ever sold your medication ?"

"I have done, I have done in the past, when I really needed to. I sold like a strip of it for half a bag of mamba."

"How quickly, when you don't take your meds on the street, does it start to effect your mental health and what happens ?"

"Within a day, I end up, it's like if I use the metaphor of a car, it's like putting your foot down on the accelerator. If I press the brake, it's going faster and faster. Whereas if I take my meds, its like the foot on the accelerator has been taken off, which does make me feel rather slow, but if I take it for a week it makes me feel normal. As long as I remember it's my medication what's keeping me normal, I will keep taking it. It's that initial week of getting back on medication, I don't feel safe enough to do it on the streets." - **Heathcliffe**



"Tell us about when you were at your worst".

"It's like night and day. Say I'm a 6 or 7 now, definitely a naught, say a one. I was that bad. I wasn't eating. I lost 3 stone in 4 weeks, I just didn't get out of bed some days I would just eat a bit of sweetcorn out of a tin...all through drugs."

"Describe your mental health now. How are you feeling?"

"So much more positive, yeah. Even 5 weeks ago I just didn't want to be here. The only thing stopping me doing something really stupid was my mum. That's the only

thing that stopped something bad happening. But now I'm happy. I've got a good flat. When I go home, I'm happy to walk through the door, I feel like it's mine." - **MMM**



"Did you have a mental health worker come out to you?"

"I did see a mental health worker but it was a blur. I was going through I think, what's known as a bit of a God delusion. I thought I was some sort of Messiah. At first I thought I was an anti-Christ because I could see so many demonic things going on around me because I was hallucinating. Then I saw loads of weird and wonderful things. It was a blur and I couldn't recognise the faces of my own family. They were strangers to me at the time so when they came to comfort me I thought strangers were coming at me and I just freaked out and I was sectioned."

"And so, were you sectioned in the police station?"

"Um no. I was released to my mum. My mum took me and she said it took another 2 or 3 days to get me in to PHC from there."

"And how did that happen?"

"I can't remember. I think she had to take me up to A&E and um, I remember freaking out, at one point I think I got strapped to a bed. I think I broke the bed. I think I was 9 stone at the time and I hadn't eaten for so long and hadn't slept for so long that they had to physically carry me down the hallway to PHC. Carrying me down the hallway is the last thing I remember and they were still introducing me to people while I was exhausted. There was one guy holding one arm up and another guy holding the other arm and they held me up in the smoking room. They were still introducing me to people. I don't know why they did that. I spent a month in there before I really knew where I was."

"How did your mental health go from there?"

"I have loads of black spots in my memory of that year to be honest. It was that bad, I was on week-long binges of ketamine, things like that. Spending hundreds of pounds a week and yeah, I got arrested because when I start flipping out I said the words that I was going to kill my flatmate, because they basically locked me in my room to try and

keep me safe, I think. I don't know what they were doing, but they locked me in my room while I was flipping out. So I flipped out even more. I broke out the room and into their room and broke the wall as well. So they called the police and they arrested me. They held me in a cell while I was going through my mental breakdown for 23 and a half hours. Yeah. Wasn't very nice and because the cells were speckled painted walls, I started seeing things coming out of the walls, the walls were closing in on me. Warping and faces coming out of the walls and hands and stuff grabbing me. It just kept flipping me out. Because I wouldn't calm down they wouldn't let me out of the cell to go to the toilet. I was in the observation cell so I ended up peeing in the corner and then they left me there for another 12 hours with my urine in the corner."

"Did you have an adult come and see you?"

"They would come to the door and that was it."

"What about your parents?"

"My parents weren't allowed to see me while I was going through it for some reason. I could hear my mum in the other room."

"Have you been good at taking it [medication]?"

"No I'm not always good at taking it, no, especially if I'm homeless on the streets because when I've taken it I've fallen asleep. Because I've fallen asleep and so deep in sleep, I've been robbed multiple times when I've been on it. So I don't feel safe to take my medication when I'm homeless to be honest."

"Is there anything else you want to tell me about your mental health and being on the streets? How do you think your housing position affects your mental health?"

"You feel like giving up all the time. You always feel like you're getting nowhere, you really do because you feel like no one's listening to you. You're not making progress so you just think 'what's the point'. It's very easy to give up. When you give up that's when the suicidal thoughts start creeping in. You start seeing no way out, you just want to end it."

“So is your mental health better when you’re at Nomad or the YM (YMCA accommodation) than on the streets?”

“The Nomad is quite a stressful environment for me, but it’s less stressful than being on the streets most of the time. But Nomad, it’s the amount of people coming in and out of the place. It’s not good for me having to share a room sometimes with six strangers. When I struggle with sleep this is not a good thing. My biggest problem at the Nomad is other people’s body odour. Someone’s forgotten to flush the toilet, I can’t go in to that toilet because it brings back memories of my friend who died as fresh as the day I saw it.”

“I was 20 when I got my diagnosis I think. And then, um I’ve always been scared to get manic again, because when I get manic I’m a danger to myself. I feel invincible so I don’t realise the damage I’m doing to myself.”

“So what kind of things happen when you’re manic ?”

“I spend all my money on drugs as if it’s nothing. I go off in town and do all sorts really, I have no control, I have barely any memory of it. It’s like in a 3 rd person watching myself. When I’m manic I have no control and it’s horrible. It’s scary, I’d rather be depressed. I’m just depressed for long long periods of time.”

“And how does that manifest itself ?”

“I tend to cover it with drugs. Tend to self medicate, smoke weed or something to bring me up. So I can get going and feel sort of false happiness.” - **Heathcliffe**

Physical Health

The physical health of the homeless is often compromised during periods of rough sleeping. The cold, lack of regular meals and any drug and alcohol use all take their toll. Poor dental health was common and this affected the food which they were able to eat, further limiting access to nutritious meals.

Hot, nutritious meals available at the 'At Home' project at St Swithins on Monday evenings and through the 'Lift' project at LBC on Friday afternoons and the Salvation Army and ECHO, are always well attended.

The Nomad shelter also provides an evening meal. We noted that a lack of food and a hot drink severely affected the ability to think clearly and make decisions, indeed, a 'fuzzy head' due to insufficient food was very common and several interviewees were unable to talk to us until they had eaten.

The feet of the homeless are an ongoing issue with blisters, and other foot problems often going untreated and causing pain and discomfort. The presence of a chiropodist at the 'Lift Project' has been welcomed and is well used.

Minor illness and infection will often go untreated until it becomes problematic. There is a reluctance to attend NHS clinics/Doctors surgeries as there is a widely held belief that the homeless will be 'judged' or treated poorly, amongst the group we interviewed.

Ulcers, blood clots or infected injection sites following iv drug use were not uncommon. Of those who were actually registered (with surgeries), the requirement to book an online appointment or telephone for an appointment, presented barriers. The presence of a registered and practicing nurse at the 'Lift Project', has been well received and this is seen as a more accessible option for minor ailments.



“You mentioned that being out of accommodation for 12 hours a day and all this walking around that you’ve been doing, that you’ve lost weight.”

“I have lost weight actually, yeah. Before I came here, before I even found out I was pregnant, I was 14.1 and since I’ve been here, I’ve gone down to 13 stone exactly. So I’ve lost just over a stone in a month. Just walking around, poor diet, not sleeping enough. Just being out 12 hours a day.”

“What have you been doing ?”

“Ok I will try and go to the services, like for example Pathways. They’d refer me to the council so I’d go and sit at the council for an hour and a half and then I wouldn’t get anywhere, so then after that I would mooch about in town, go get some lunch or sit in

the library. Walk around just killing time. Anything to kill time really.” - **Olevie**

“At first I only had a thick coat, a bag and my musical instrument, so didn’t have a sleeping bag. I didn’t have any thermal layers and I was sleeping in doorways, shivering, not really sleeping. I spent a lot of time not really sleeping, only when I was in a drug induced sleep could I physically sleep. If I managed to nick a bit of cardboard I would be a little warmer, from the floor. I used my coat as my only blanket.” - **Heathcliffe**

“It wasn’t until I started eating that I realised how starving hungry I was.” - **Leicester**

“Certain days I would earn [begging] a fiver and buy a bag of mamba, knowing I could sell a couple of spliffs for four quid, then I could get some food and have my mamba.”
- **Heathcliffe**

“If I was starving hungry and someone stopped to chat, I would ask them if they had a sandwich or a cigarette on them, because I’m not asking for money it didn’t seem like I was begging. They would tend to do it because they realised I wasn’t asking for money for drugs. I’m asking for a basic human need. Yes I was genuinely hungry.” - **Heathcliffe**



Drug use evidence

Most of the respondent's interviewed were dealing with addictions, either alcohol, drugs or both. 'Friendships' were often based on the addictions of individuals, for example, drinkers would form an allegiance, or heroin addicts would stick together, often clubbing their money together to make purchases of drugs. The cold, emotional pain, hunger and a desire to 'have a break' from the streets and sleep were often cited as reasons for using, as well as the obvious physical addiction.



"...and they reduced my medication down to 10ml of Subutex (used to treat opioid addiction, acute pain and chronic pain) and it made me rattle (the physical withdrawal from a substance) every day, so I had to go begging to get some more Subutex."

"To buy illegally ?"

"To buy Subutex, yeah. So instead of buying gear I was buying subbies. I was paying a fiver for 8mls every day and taking them instead."

"Do lots of people sell their meds on ?"

"[He nods] If they get them, yeah too right, everyone sells them. Five pounds a piece. Subbies, anything. I could sell my mental health meds. People come up to me and say 'I'll buy them off you'. [names meds] they're called lillies and tazzies and they f*ing knock you out. If I took my whole strip I'd get a wicked buzz off it". "I've done it a couple of times." - **Legend**

"Through drug taking, I got DVT's (Deep vein thrombosis) in both my legs. I had to go to hospital and the housing association couldn't find me so they stopped my housing benefit and when I got back to the property I was in about £5,000 debt...so I lost that place and I was on the street again." - **Millionaire Latte**

"Did you get the help you needed in prison ?"

"No. You're just passing time, you're hitting pause on your life, but the only good thing is you stay clean in prison. I did. I've never used in prison up until the last time .I always got a gym orderly job and just got on with the gym, come out really good, fit and healthy. Then in a few months, I use once, then a couple of weeks later I use again, then it'll probably be twice a week, then three times a week and then that's it."

"You've just gotta want to change yourself, you've gotta wanna do it. There's a time when people just say 'I've had enough, that's it.'" - MMM

"Here's a million pounds, don't use for a week, you wouldn't do it"

"you'd still use, you mean?"

"Yeah. I've got a little girl, I still use. As if you'd choose that over something so cute, that means so much to you and loves you so much. It doesn't matter what it is." - MMM

"..the addiction is strong."

"Sheer boredom would drive you, maybe back to your old ways ?"

"Yeah, probably. It has done in the past."

"I only know of a couple of people that have had a drugs habit for years, and not committed a crime. Very few can hold a job down...When they're on heroin or crack."

"I just go off the rails. Once I hit that button I don't go to any appointments, that's it, I've let everyone down. I just have these bad thoughts and that's it. I just make things worse." - MMM



Crime

No questions were asked about crime in the first contact or paperwork sections of the research project, but it became clear that petty crime was common; (stealing food, alcohol, clothing). For those with addiction, the likelihood of involvement with crime increased with respondents telling us about burglary, car theft, muggings and other violent crimes.

“Prison is supposed to be a deterrent, but people are a lot better off in there than out here.”

“What stuff [crime] did you do?”

“Commercial burglaries, car theft, all sorts, a bit of drug trafficking.”

“Did you get nicked for it?”

“Yeah, a lot of times. I handed myself in as well. I’ve got a big record.”

“You were telling us the other day, that you drove a car that you’d stolen to the police station”.

“Just because I don’t like the person I am. So, I just want it to stop. The only way I know how to stop it is to go to prison, so the quickest way to do that is to get locked up.”

“Was it a cry for help then, going to the police station?”

“Yeah, I think it is, and the amount of times I’ve done that, I’ve done it loads of times.”

- MMM

Life Experience

“I’ve got Helen pregnant and her family didn’t see me as a good role model because I was in and out of work, you know I mean, I had my own accommodation, shared accommodation, but in 2004 cos she didn’t want to give £10 to [names] they decided to cut open her belly, take my baby out while she’s alive [mother], breathing of course, pour petrol on her and set her alight in a block of flats”.

“My mate had to get himself arrested to come inside the jail and tell me my partner and baby had died”. - Legend

“When were you last settled ? With your family ?”

“Yeah, with my family, when I was 14.”

“How did it start to change, then?”

“I left home and met this older woman and she sort of groomed me. I was with her until I was about 17/18 and then I went back and my mum wouldn't let me stay, so I went to a friends for a bit, then I ended up on the streets.” - **Millionaire Latte**

“When you say you lost everything, if you were explaining to someone who didn't know you...”

“Right. I've lost for a start my football career, that was the first thing I lost, then I lost a really good girlfriend, then I've lost all my money.”

“Approximately?”

“About 35 thousand [pounds], all in all, including my car, about 40 thousand [pounds] over seven months. I've lost relationships with my mum, friends, family. I ended up feeling it was just me. My mum's always been there for me but there comes a time when they'd had enough.” - **MMM**

“I have had time on the streets, not very long. Luckily, it's been because I've always been in trouble...but if you're not with probation...I would have been on the streets no end of times, but luckily I've always committed crimes when I've been on drugs so I've always been on probation. They never wanted me on the streets because that's the last thing they want.” - **MMM**

“Someone there accidentally od'd (overdosed) and I was the only person there in the room. I was hallucinating and I thought he just passed out, so I passed out and fell asleep and then woke up and realised he was dead. He was dead and his body was against the door, so I was trapped in the room with him. Then when the paramedics turned up (I don't want to go in too much detail with that story, we'll have to do it a different day). When the paramedics turned up, I had to pick up his body so we could open the door and put it [the body] out of the way. So I remember his head flopping back and forth seeing stuff coming out of his nose, eyes and mouth.”

“And how old was he?”

“He was 25 and I was like 19. So, I carried his body across the floor and the paramedics came in and declared him dead. He'd been dead since like 4 in the morning. It was like one in the afternoon at this point.”

“So that lead to your next time in PHC did it?”

“Yeah. I was kind of switched off during the time [in the room]. The police even commented and were amazed how calm I was. Really what had happened was I switched off. I’d closed it all off, blocked it all out. So, I had a delayed reaction and then I came back to Lincoln and then all of a sudden something triggered me, it was the smell of someone’s poo to be honest. Triggered me and made me have a flashback, the hallucinations came back and everything. That set me off to go to PHC again. At first, they thought I’d had another drug induced psychosis cos there were still drugs in my system, but then they realised that what I was having was a flashback. Post-traumatic stress was the most likely cause. I was being manic and depressed. Depressed and manic all the time. So, they realised there was something more going on. So, I got a diagnosis of bi-polar.” - **Heathcliffe**

The Future

The feeling of helplessness, being abandoned and ostracized by the local community and wider society, with little hope of recovery, inclusion and ‘normality’ was common. Suggestions of ways forward by the researchers were often met with a shrug of shoulders or a laugh, as the possibility of sufficient help, support and long-term change was seen as remote and unachievable. We encountered the widespread belief that the system was ‘broken’ and that nobody cared for them, unless they were ‘troublesome’ – for example, ‘obviously’ homeless in a doorway on the High street. In contrast, we often witnessed almost unrealistic expectations for the future. The operation to move rough sleepers away from the town centre was widely received as a case of ‘out of sight, out of mind’ and created tension and frustration within the homeless community.

A desire to be seen as an individual, to have a long term worker/supporter who understands the complexity of their lives was expressed. A person-centred approach, not the feeling that individuals are ‘a problem to be solved’, we believe, is needed. A balanced, small steps, well supported approach, where the inevitable slips in behaviour/drug use and involvement in crime are accepted, and not ‘punished’ by bars/bans/loss of housing and the perceived abandonment of services is, we believe, the way forward.

“Tell me how you see your future panning out. Ideally...what would you like to happen now?”

“Just have a good social life, be healthy, be close to my mum, get back in touch with my daughter. Just be content. I’m not bothered about money, I don’t give a s**t about all that. I’ve had nice cars, it don’t mean nothing, what’s more important is my family, health, being content, having a decent social circle and being around good people.”

- **MMM**

Findings & Recommendations

The recommendations below are only our thoughts and ideas moving forward based on the findings within this report. It is our belief that to achieve many of the ideas, will require a multi-agency approach bringing together statutory and third sector agencies across the City of Lincoln.

Our Findings

- The current Homeless Pathways are far too complicated.
- Several of the homeless community indicated that they would like to take their prescribed medication in a safe environment.
- Lack of signage indicating homeless services available in the City.
- Lack of skills of 'being an adult' – if someone finds themselves on the streets at a young age they haven't had the opportunity to develop the skills or the confidence to take responsibility for themselves through adulthood.
- No consistent presence of support for individuals as they move through services, the continued introduction of new professionals means having to relive their past over and over again which is viewed as tiresome and traumatic.
- 'Falling through the net group' – those who are unable or unwilling to access homeless provisions, it is these individuals that potentially have deeper problems that need to be addressed. It appears that facilities are inadequate for this. These individuals are seen as the constant cyclers – The only route is private accommodation – They are not ready or skilled enough to access this provision.
- Poor relationship between the homeless community and the Police which has led to the non-reporting of crimes against the homeless.

Our Recommendations

- A single point of contact, which is clearly marked, where an individual can present themselves as homeless, that single point of contact can explore the individual's options and signpost them through to the relevant service e.g. P3, rough sleeper team, housing solutions, NOMAD etc.
- A safe place to use prescribed mental health medication along with the facilities to accommodate the drastic change in bodily functions during the transition period of coming off self-medicated drugs (mamba/cocaine/heroin) to taking prescribed drugs.
- More visual aids within the city centre to direct those that find themselves in a homeless situation within the City of Lincoln – plus information alerting rough sleepers/organisations to SWEP and when it's activated.
- More provision is required to provide the life skills an individual needs to look after themselves once in accommodation. E.g. Socialising, budgeting, cooking, interacting with neighbours etc.
- A Support Worker / Mentor who can support an individual through their entire homeless journey, being on hand to relay the individual's story as they pass through the different service providers.
- Explore the "falling through the net" gap, establish what provision is needed and seek funding to address this group of individuals.
- A mediator between the homeless community and the police which would encourage more crimes involving this group to be reported.

Recommendations: Street Homeless Focus Group

- Day storage lockers (to keep personal items safe and dry)
- A support mechanism that provides a bridge between the homeless people and services
- A fixed point in the day where they know support can be accessed at a certain place

With Thanks

Thanks go to the following organisations for their cooperation during the information gathering process :

- McDonald's
- Lincoln Street Pastors
- Nomad night shelter
- YMCA
- P3
- Lincolnshire police
- Salvation Army
- St Swithins 'At Home' project and clothing bank
- LEAP
- Lincoln Baptist Church and the LIFT project
- Lincoln City Council
- Lincoln Cathedral
- Pathways
- Cornerhouse
- Action Lincs
- Abbey Access Training
- Riverside café
- Addaction
- Framework
- Lincoln city centre intervention team

Our sincerest thanks also go to the people who offered their time to discuss their experiences of homelessness in Lincoln, and their life stories.

www.developmentplus.org.uk

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